

10/562322

IAP17 Rec'd PCT/PTO 23 DEC 2005

**Application Data Sheet**

**Application Information**

Application number::

Filing Date:: 12/23/2005

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: METHOD FOR TRANSPLANTING  
LYMPHOHEMATOPOIETIC CELLS INTO  
MAMMAL

Attorney Docket Number:: 50026/040002

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Petition Included?:: No

Petition Type:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Keiya

Middle Name::

Family Name:: OZAWA

Name Suffix::

City of Residence:: Kawachi-gun

State or Province of Residence:: Tochigi

Country of Residence:: Japan

Street of mailing address:: C-201, 3-1-3, Gion, Minamikawachi-machi

City of mailing address:: Kawachi-gun

State or Province of mailing address:: Tochigi

Country of mailing address:: Japan

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yutaka

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Middle Name::

Family Name:: HANAZONO

Name Suffix::

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State or Province of Residence:: Tochigi

Country of Residence::

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1, Midori 1-chome, Minamikawachi-machi

City of mailing address:: Kawachi-gun

State or Province of mailing address:: Tochigi

Country of mailing address:: Japan

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kyoji

Middle Name::

Family Name:: UEDA

Name Suffix::

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State or Province of Residence:: Kyoto

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State or Province of mailing address:: Kyoto  
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Applicant Authority Type:: Inventor  
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Status:: Full Capacity  
Given Name:: Yasuji  
Middle Name::  
Family Name:: UEDA  
Name Suffix::

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Country of Residence:: Japan  
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25-11, Kannondai 1-chome

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Status:: Full Capacity  
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Middle Name::

Family Name:: HASEGAWA

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**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/JP2004/009370	06/25/04
PCT/JP2004/009370	An application claiming the benefit under 35 USC 119(e)	60/483,357	06/27/03

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**Assignee Information**

Assignee name::

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City of mailing address::

State of Province of mailing address::

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